

# UTILITY PATENT APPLICATION TRANSMITTAL

PTO/SB/05 (03-01)

Attorney Docket No.:	CS10467	Total Pages:	2
First-Named Inventor or Application Identifier	Michael D. Kotzin		
Title:	METHOD AND APPARATUS FOR COMMUNICATING INFORMATION BY SPLITTING INFORMATION AMONG A PLURALITY OF PROXIMAL UNITS		
Express Mail Label No.:	EL759668726US		

(Only for new nonprovisional applications under 37 CFR 1.53(b))

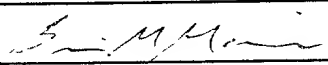
<b>APPLICATION ELEMENTS</b> (see MPEP chapter 600 concerning utility patent application contents)	<b>ADDRESS TO:</b>	Assistant Commissioner for Patents Box Patent Application Washington, D.C. 20231
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1. ☒ Fee Transmittal Form *in duplicate*
2. ☒ Specification Total Pages 28
3. ☒ Drawings Total Sheets: 9
4. ☒ Oath or Declaration with Power of Attorney Total Pages 3
  - a. ☒ Newly Executed (original or copy)
  - b. ☐ Copy from prior application (37 CFR §1.63(d))  
(for continuation/divisional with Box 17 completed)
  - i. ☐ Deletion of Inventor(s):  
Signed statement attached deleting inventor(s) named in the prior application (see 37 CFR §1.63(d)(2) and 1.33(b))
5. ☐ Incorporation by Reference (*useable if Box 4b is checked*)  
The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 4b, is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.
6. ☐ Application Data sheet. See 37 CFR 1.76
7. ☐ Nucleotide and/or Amino Acid Sequence Submission

**ACCOMPANYING APPLICATION PARTS**

8. ☒ Assignment Papers (*cover sheet and document(s)*)
9. ☐ 37 CFR §3.73(b) Statement (when there is an assignee) ☐ Power of Attorney
10. ☐ English Translation Document (*if applicable*)
11. ☐ Information Disclosure Statement (IDS) Form PTO/SB/08 ☐ Copies of IDS Citations
12. ☐ Preliminary Amendment
13. ☒ Return Receipt Postcard (MPEP 503) (*should be specially itemized*)
14. ☐ Certified Copy of Priority Document(s)

15.	<input type="checkbox"/>	Nonpublication Request Under 35USC 122(b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent
16.	<input type="checkbox"/>	Other:
17.	<b>IF A CONTINUING APPLICATION</b> <i>check appropriate box and supply the requisite information below and, if applicable, in a preliminary amendment:</i>	
	<input type="checkbox"/> Continuation	<input type="checkbox"/> Divisional
	<input type="checkbox"/> Continuation-in-Part (CIP)	Prior Appl. No. _____
Prior Appl. information:		Examiner: _____
		Group/Art Unit: _____

CORRESPONDENCE ADDRESS					
<input checked="" type="checkbox"/>	Customer Number or Bar Code Label	20280	or	<input type="checkbox"/>	Correspondence address below
NAME	Brian M. Mancini				
	Attorney for Applicant(s)				
Reg. No.	39,288				
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CITY	Libertyville	STATE	IL	ZIP CODE	60048
COUNTRY	U.S.A.	TELEPHONE	815-884-2214	FAX	847-523-2350
SUBMITTED BY					
NAME	Brian M. Mancini		Reg. No.	39,288	
SIGNATURE					
DATE	8-2-01		Deposit Account User ID	13-4768	

PTO/SB/17 (11-00)		<b>Complete if Known</b>	
<b>FEE TRANSMITTAL</b>  Patent fees are subject to annual revision		Application Number	
		Filing Date	8/02/01
		First Named Inventor	Michael D. Kotzin
		Examiner Name	
		Group Art Unit	
TOTAL AMOUNT OF PAYMENT	(\$) <b>750.00</b>	Attorney Docket No.	CS10467

METHOD OF PAYMENT		FEE CALCULATION (continued)																																																																																																																																																							
1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any overpayment to Deposit Account Number <b>13-4768</b> Deposit Account Name <b>Motorola, Inc.</b>  <input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17 <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		<b>3. 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